

State of Michigan
Civil Service Commission
EMPLOYMENT RELATIONS BOARD
400 South Pine Street, Suite 102
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FAX (517) 335-2884
E-MAIL: MDCS-ERB@michigan.gov

INSTRUCTIONS: Attach this form to all documents filed with the Board to certify that you have also sent copies to the other parties. Use additional pages if necessary.

PROOF OF SERVICE TO OTHER PARTIES

CASE NAME		
DECISION NUMBER	REFERENCE NUMBER	CS-138 NUMBER (IF APPLICABLE)

PARTIES SERVED	DELIVERY METHOD USED
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____
NAME AND ADDRESS	<input type="checkbox"/> PERSONAL DELIVERY <input type="checkbox"/> FIRST CLASS U.S. POSTAL SERVICE <input type="checkbox"/> OVERNIGHT MAIL SERVICE <input type="checkbox"/> INTERDEPARTMENTAL MAIL <input type="checkbox"/> CERTIFIED U.S. POSTAL SERVICE: RECEIPT NO. _____ <input type="checkbox"/> OTHER: _____

DOCUMENTS SERVED
I, _____, certify that on _____, I served all parties or their representative(s) of record, at the address(es) shown above, with a copy of the following documents (use additional pages, if necessary):
1.
2.
3.
4.

SIGNATURE AND MAILING ADDRESS OF FILING PARTY		
SIGNATURE		DATE
NAME (PLEASE PRINT)	STREET ADDRESS	
CITY	STATE	ZIP